

**PRACTICE GUIDE FOR INTAKE AND INVESTIGATIVE RESPONSE
TO HUMAN TRAFFICKING OF CHILDREN**

for use with
Policy 31-10-6.1

Practice Guide for Intake and
Investigative Response
To Human Trafficking of Children
for use with
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1. Introduction

Human trafficking is a growing concern for Connecticut. Also known as modern slavery, human trafficking is a crime that involves the exploitation of a person for the purpose of compelled labor or a commercial sex act. Since the passage of the Trafficking Victims Protection Act (TVPA) in 2000, law enforcement investigators, social service providers, and community leaders have reported cases of forced labor, debt bondage, involuntary servitude and sex trafficking, impacting a diverse range of populations including men, women, and children, who are U.S. citizens, permanent residents or foreign nationals. Human trafficking cases occur across the country, in rural, urban and suburban settings and in a wide range of industries.

Among the diverse populations affected by human trafficking, children are at particular risk for sex trafficking and labor trafficking. The Department of Children and Families is charged with and responsible for protecting all children under the age of eighteen from harm. This includes victimization through means of human trafficking.

This Practice Guide (PG) is designed to be used to provide the necessary guidance to comply with the expectations of DCF Policy 31-10-6.1. Included are the definitions and terms Social Workers may hear or use when working with human trafficking victims; the specific steps for intake of reports of human trafficking of children; a decision map for determining the risk of child for human trafficking; and the areas of physical, sexual, substance use, behavioral health and dental care that are to be assessed. Given the critical role of the Regional Human Trafficking Response Team (HART) liaisons, the practice guide provides a brief outline of their duties as well as risk assessment and monitoring tools. Finally, a nurse screening tool is included as it is believed that the role of nurses is critical to early identification and prevention of child from becoming victims of sex trafficking.

2. Definitions

The following are definitions of terms that Social Workers may hear when working with victims of human trafficking:

- **coercion** means threats of serious harm to, or physical restraint of, any person; any scheme, plan or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or the abuse or threatened abuse of the legal process;
- **commercial sex act** means any sex act during which anything of value is given to or received by any person;
- **commercial sexual exploitation of a child** means the use of any person under the age of 18 for sexual purposes in exchange for cash or in-kind favors; it can occur between a child and a customer, the pimp or trafficker or others who profit from the trade of children for these purposes;
- **debt bondage** means the circumstances under which a person under control of another person promises to pay money owed with his or her labor;
- **force** means the use of rape, beatings and confinement to control victims; forceful violence is used especially during the early stages of victimization, known as the

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"seasoning process," which is used to break victims' resistance to make them easier to control;

- **fraud** means false offers that induce people into trafficking situations, *e.g.*, women and children may reply to advertisements promising jobs as waitresses, maids and dancers in other countries and then are trafficked for purposes of prostitution once they arrive at their destinations;
- **harboring** means to receive or hold a person in a place without legal authority;
- **immigrant child** means a person under the age of 18 who was born in a outside of the United States;
- **induced** means to lead or move by persuasion;
- **peonage** means the circumstances under which someone is held against his or her will to pay off a debt;
- **recruitment** means the process of enlisting or convincing a person to join with another person for a stated purpose;
- **refugee** means a person outside of his or her country of origin who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, nationality, membership in a particular social group or political opinion;
- **repatriation** means the act of returning to one's country of origin; in the case of trafficked children, this could also mean reunifying the child with his or her family or caregiver;
- **servitude or slavery** means the condition whereby a person is forced to perform labor or services against his or her will by another person;
- **sex trafficking** means the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act;
- **sex trafficking victim** means a victim of sex trafficking [as defined in section 103(10) of the Trafficking Victims Protection Act of 2000] or a severe form of trafficking in persons [described in section 103(9)(A) of such Act];
- **T Visa** means a visa created by the federal Trafficking Victims Protection Act of 2000 to protect persons who are the victims of human trafficking; the T visa allows victims of severe forms of trafficking in persons to remain in the United States on a deferred status and assist federal authorities in the investigation and prosecution of human trafficking cases (T visas are issued by the U.S. Department of Citizenship and Immigration Services);
- **trafficked** means the state of a person who is or has been a victim of human trafficking; and
- **trafficking in persons or human trafficking** means: 1. sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age, or the recruitment, harboring, transportation or provision of a person for a commercial sex act; or 2. the obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

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3. Careline and Area Office Human Trafficking Report Intake Protocol

- Human Trafficking report is identified as such and accepted for intake track by the Careline.
- Critical Incident to be completed by the CLSWS, sent to the Area Office and the Area Office to notify the **HART Liaison**. A manager is immediately notified of the HT case.
- During business hours, the Careline will clearly identify on the report it is a HT case and send to the Area Office Intake unit for response.
- If after hours or weekend response is necessary, a primary investigator is assigned to respond as deemed appropriate.
- There will be different times during the course of the intake when the legal status of a child will need to be considered or determined. If the Commissioner or designee has probable cause to believe that the child is in imminent risk of physical harm from the child's surroundings and that an immediate removal is necessary to ensure the child's safety, a 96 hour hold or OTC should be sought.
- If a victim of human trafficking is to be transported by a DCF employee, the Commissioner has identified a specific procedure that includes the use of the specifically-identified DCF secure vehicles. A secure vehicle is considered to be a vehicle that has the capacity to lock both rear doors so that they cannot be opened from the inside of the vehicle. At least one secure vehicle is located in each Region and at the Careline. Two staff members will accompany the child. Child safety locks will be activated to prevent opening from inside.
- Wherever the location of the victim, when necessary, the victim should be taken to a hospital emergency department wherein the "Human Trafficking Emergency Department Protocol" is to be followed. The purpose of the ED procedures is to provide medical and psychiatric assessments necessary to appropriately place and care for the child. These assessments include sexual, substance abuse, behavioral health, medical and dental. If a child refuses a specific assessment, it is to be clearly documented in the DCF record.
- A DCF employee is to remain with the child at the ED throughout the entire time the assessments are being conducted and, if child remains at the ED or is hospitalized, staff is to be assigned to remain with the child.
- The DCF intake process should be undertaken in coordination with law enforcement and both parties should be working the situation together.

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- The Program Manager should be informed at each stage of the investigation.
- If the child is medically and psychiatrically cleared by the hospital, consultation with a DCF Supervisor and Manager regarding legal status determination will occur in considering placement options.
- Depending on the placement utilized, additional DCF staff (Area Office or on-call) shall provide one-to-one monitoring until a placement or another agency can provide additional supervision.
- If at any time during this process a road block is experienced, a Manager, RRG staff or the on-call doctor should be notified for assistance, depending on what is needed.

A. Medical Assessments Framework

The identified needs, whether acute or requiring on-going services, are incorporated into the case plan for a child who remains involved with DCF. Acute assessments will be done in an emergency department utilizing the Emergency Department Assessment Protocol. The non-urgent assessments can be completed by utilizing available community services including Enhanced Care Clinics, DCF Intermediate Evaluations, primary care physicians, therapists and community dentists. Sustained efforts need to be made to engage the child in the process of assessments. If a particular evaluation is refused, a plan needs to be developed with the child to have the assessment done at a later date. Monitoring of the completion of assessments is the role of the HART Liaison; however, the DCF Social Worker assigned to the case is responsible for setting appointments for the initial assessments and indicated follow-up care. In those instances, the modifications in assessment needs and/or timing are to be coordinated by the HART Liaison.

Findings from the screening, assessment and treatment guidelines will be utilized to inform case planning and service delivery.

Medical care, especially procedures such as sexual abuse evaluations, must be conducted with sensitivity towards the traumatized child, including awareness of potential trauma triggers during the examination process, and strategies for responding effectively. If the victim has been under the control of a trafficker for any duration of time, it may be very likely that he or she have experienced some form of domestic violence at the hands of the trafficker.

Medical Assessment Protocol

The Medical Assessment Protocol is composed of three components: physical, sexual and substance use. In addition to routine medical assessments in these three areas, providers are asked to check for medical issues that are more prevalent in persons that have been trafficked. A copy of the protocol should be offered to each provider as a guideline. Deviation from the protocol should be accompanied by a clinical justification from the provider along with a recommendation as to whether the test or exam needs to be rescheduled for a later date.

All medical records available to DCF are to be shared with the providers upon consent of the guardian.

Physical

Includes:

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- routine physical assessment including vital signs;
- assessment for signs of physical abuse;
- assessment for signs of medical neglect;
- assessment of nutritional status;
- a check of tattoos and other markings;
- indicated lab work;
- determination of current medications; and
- the provision of prescriptions for needed medications.

Sexual

Include:

- pregnancy test when appropriate;
- STD testing;
- assess for signs of sexual abuse;
- assess birth control needs; and
- the provision of prescriptions for needed medications.

Substance Use

Include:

- query about substance use history;
- assess for signs of drug use;
- test for recent substance use when indicated; and
- assess for withdrawal symptoms.

B. Behavioral Health Assessment

Behavioral Health Assessment Protocol

Initial Screenings and Assessments

General Mental Health and Trauma Screening includes:

- initial trauma assessment or update prior assessment;
- general mental and behavioral health assessments;
- identification of human trafficking-related safety issues; and
- determination of current medications, availability and provider.

Outcomes:

- level of care recommendation for on-going services;

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- development of an initial Safety Plan that addresses at a minimum: AWOL risk; response to trafficker if it occurs in person, on the telephone, over the internet; reported fears and concerns;
- referrals for appropriate services: therapy, evaluations, support services, Juvenile Justice Intermediate Evaluation, DCF Intermediate Evaluation and Enhanced Care Clinics; and
- arrange for ongoing medication assessments as indicated.

Ongoing Services

Children should be referred to and treated by only those behavioral health treatment providers who have specialty training in childhood trauma, trauma assessment, and evidence-based trauma-specific treatments.

Behavioral Health Therapist should:

- assess for trauma symptoms and sequelae, Stockholm Syndrome, spiritual status, sleep disturbance, dissociative reactions, suicidal and homicidal ideations, self-injurious behaviors;
- complete a Mental Status Exam;
- refer for indicated psychological and medication assessments;
- determine level of care needed for immediate placement based on behavioral health needs and safety concerns; and
- report new trafficking incidents to Careline when revealed in treatment;
- evaluate on an ongoing basis the level of care needs;
- develop a Safety Plan and revisions as needed;
- collaborate with DCF as needed to meet identified needs;
- provide written documentation to DCF when required; and
- utilize a trauma-informed approach to treatment.

Medication Provider should:

- collaborate with the therapist and DCF to provide medications for targeted symptoms; and
- utilize a trauma-informed approach to treatment.

Support Services Coordination

Preventing, identifying and serving victims of human trafficking require a multi-system, coordinated approach within and across local, state and federal levels. At the local level, it requires DCF staff to work collaboratively with runaway and homeless youth service providers, law enforcement, juvenile justice, courts, schools, medical and behavioral health providers, crime victim service providers, as well as community and faith-based organizations.

The following categories of services are areas to be explored with suspected trafficking victims and their network of family and fictive kin. Utilization of services by a child should be done in collaboration with DCF Area Office staff and each Region's HART Liaison,

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therapists and providers. The following list is a framework for considering support services and is not intended to be all inclusive.

When possible, services and supports should be trauma-informed, strengths-based, culturally and linguistically responsive, and developmentally appropriate. It is the responsibility of DCF to work with confirmed victims of human trafficking to develop a realistic Safety Plan.

Community Services

- sexual crisis center;
- domestic violence providers;
- advocacy;
- mentoring; and
- alternative treatments.

Safety Planning

- "800" numbers for national and local services for trafficking victims and runaways;
- information on available services and the child's rights as a trafficking victim;
- information on the effects that trauma can have on a person; and
- discussion of safety issues that the child faces if he or she goes AWOL.

Personal Development

- life coach;
- job training;
- advocacy training; and
- educational consultation.

Family and Significant Others

- support programs identified for families and supporters;
- information on available services and their rights as families and supporters; and
- information on the effects that trauma has on families and support networks.

C. Dental Assessment Protocol

Acute Dental:

- assess for evidence of acute dental issues; and
- obtain needed services.

Routine Dental:

- schedule for dental care per DCF guidelines.

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D. Emergency Department Assessment

Standard DCF field assessments are used to determine if a child needs to be brought to an emergency department for medical, mental health or dental clearance before being placed. When an emergency department assessment is indicated, it may be possible to complete a substantial part of the initial healthcare assessments. The DCF worker should request that the Human Trafficking Emergency Department Protocol be followed by the treating emergency department. When medically cleared for placement, the DCF worker should obtain results of lab tests, prescription for current medications and documentation of any needed follow-up.

D. Continued: Health Care Assessment Emergency Department Procedures for Identified Child Trafficking Victims Procedures

These procedures are to provide the medical and psychiatric assessments that DCF needs to appropriately place and care for the identified child.

1. When possible, a child who has been identified by the emergency department staff or brought to the emergency department because of suspicion of having been trafficked should be interviewed alone.
2. When an emergency department staff member identifies a potential human trafficking victim, **DCF Careline** is to be notified immediately at **800 842-2288**. A DCF worker will be assigned and deployed to the emergency department for DCF case management.
3. Child is to have all of the assessments identified in the "Emergency Department Medical Assessment Protocol" offered to him or her unless clinical justification is provided. Refusal of any part or the entire exam by the child should be documented in the medical record and the DCF worker should be informed.
4. The sexual assessment can be conducted by the emergency department staff or by an outside agency used by the hospital to conduct sexual assault examinations and interviews. A forensic-level examination is required only when requested by law enforcement.
5. Behavioral health assessments can be done by the emergency department staff, EMPS (Emergency Mobile Psychiatric Service) or by an outside agency used by the hospital.
6. Substance abuse screening tests are for the use of DCF only.
7. Full prescriptions should be provided upon discharge for current medications and any new medication ordered, as they will be needed for placement.
8. Upon completion of the medical, psychiatric and dental assessments, clearance for placement is to be provided to the DCF Social Worker along with the results of lab tests, prescriptions for current medications and documentation of any needed follow-up services.

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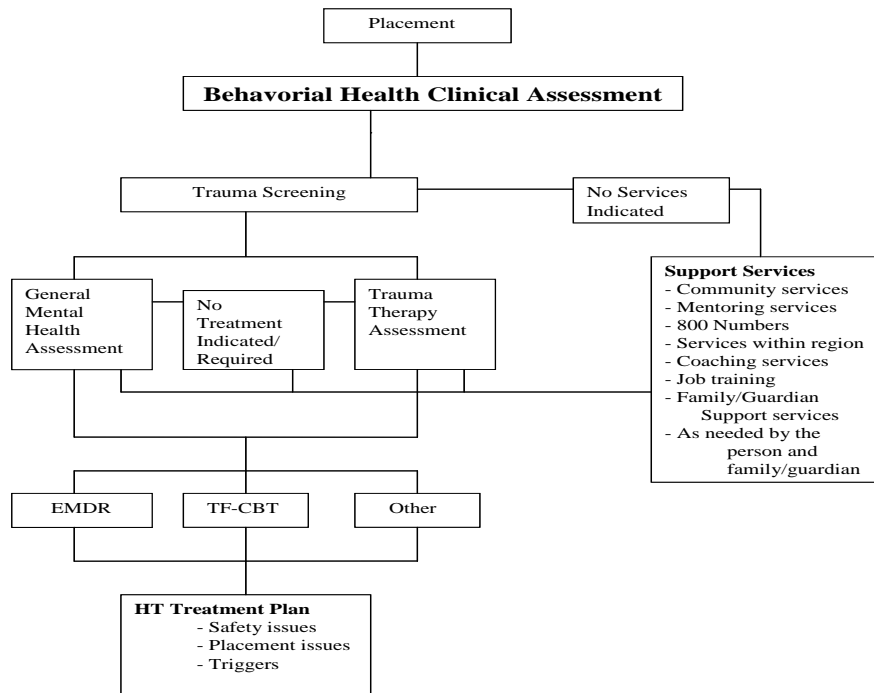
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E. Human Trafficking Screening Tool ([Appendix 1](#))

Community medical and behavioral health providers as well as child welfare workers may encounter victims of human trafficking without realizing it. The Human Trafficking Screening Tool provides guidelines for identifying trafficking and at-risk victims.

4. Human Trafficking Flow Charts



5. Human Trafficking Liaisons

Each Regional Administrator has appointed at least one Human Trafficking Liaison to serve on the DCF Statewide HART, which is responsible for the oversight of the human trafficking response for DCF. Every HART Liaison is required to complete specialized training regarding human trafficking.

Human Trafficking Liaison Duties

The role of the HART Liaison is:

- to provide guidance to Social Workers for identifying children at risk for being trafficked by utilizing a risk assessment decision map;
- to ensure a continuous feedback loop for communication requirements for case management, ongoing service needs for identified victims, and education and training of DCF employees and community agencies;
- collect and report data;
- to provide community education, e.g., in schools;
- to develop a community network; including local HART teams; and

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- to monitor cases for 90 days.

Each HART Liaison has responsibility within his or her Region to monitor progress and provide guidance to the DCF Social Workers who are working with children suspected of being trafficked. Monitoring of the cases will be done for the first 90 days after a child is identified. Working in collaboration with assigned staff, Liaisons also will ensure the Human Trafficking Monitoring Tool is updated throughout the first 90 days of identification to ensure that relevant forensic, mental health, medical and general DCF issues are addressed for each child. At the conclusion of the 90 days, or when the case is closed, the form is signed by the DCF Social Work Supervisor and the HART Liaison before being placed in the record.

Communication by the Human Trafficking Liaison

1. Notify Regional Director, Area Office Attorney, ARG Social Worker, ARG Nurse and Clinical Director when a suspected trafficked child has been identified.
2. Ensure information is being shared as indicated between DCF, child, family, law enforcement, providers, HART and other involved parties.
3. Contact the HART Liaison to determine which law enforcement agency should be notified of a suspected trafficked child.
4. After 90 days, insure that the Social Work Supervisor is aware of the outstanding issues that will require continued monitoring.
5. Place a copy of the Human Trafficking Monitoring Tool into the DCF record and give a copy to the Social Work Supervisor.

Ongoing Service Needs Monitoring by the HART Liaison

1. Monitor DCF-involved child for the first 90 days after case is accepted (or until the case is closed if that is sooner) as a suspected human trafficking case in order to ensure that services indicated in the Human Trafficking Framework under Forensics, Mental Health, Medical/Dental and DCF Issues have been addressed and included in the DCF case plan.
2. Work with the Social Worker and Social Work Supervisor and Regional Resource Group to complete the indicated assessments and arrange for services.
3. Participate in teaming reviews held in the Area Offices to ensure that the DCF case plan includes the indicated ongoing services.
4. Maintain a list of qualified providers for mental health and medical services.
5. Ensure that the legal guardian has received information about support services from the Social Worker.

Education/Training by the HART Liaison

1. Establish relationships with community agencies that can provide assistance, *e.g.*, sexual assault crisis hotlines and support groups for victims and families.
2. Serve as a conduit with Central Office and the community for the information needs of the Region.

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3. Provide or arrange for at least one training on a human trafficking-related subject each year to the Region.

Data Reporting and Quality Improvement by the HART Liaison

1. Provide Central Office with recommendations from the Region on how to improve the human trafficking response.
2. Provide required data from the Region to Central Office.

Human Trafficking Monitoring Tool ([Appendix 2](#))

The Human Trafficking Monitoring Tool provides a checklist for ensuring that all children identified as victims of human trafficking receive the necessary services and support available to them through DCF. Each HART Liaison has responsibility within his or her Region to monitor work flow and provide guidance to the DCF Social Workers who are working with children suspected of being trafficked. Monitoring of the cases will be done for the first 90 after a child is identified. The Human Trafficking Monitoring Tool is to be updated throughout the 90 days to track the mandatory forensic, mental health, medical and general DCF issues that need to be addressed for each child. At the conclusion of the 90 days, or when the case is closed if that occurs sooner, the form is signed by the DCF Social Work Supervisor and the HART Liaison before being placed in the record.

Human Trafficking Decision Map ([Appendix 3](#))

Screening and assessment can help to identify victims of trafficking, gain a full picture of their victimization experiences, understand their individual comprehensive service needs, and monitor progress toward recovery and improved well-being over time. This is especially challenging as many victims of child sex trafficking do not view themselves as victims. At or near intake, such screening and assessment can inform appropriate case planning and service delivery. When repeated at key periods, screening and assessment will assist Social Workers in identifying levels of risk for human trafficking of children on their caseloads, monitor progress toward recovery and improved well-being outcomes and adjust intervention strategies as needed. Given the high levels of trauma and increased social-emotional needs among child trafficking victims, a human trafficking decision map is included to assist HART Liaisons and to guide Social Workers to determine at what level of risk children on their caseloads may be and to determine the appropriate intervention.

6. Service Options for Immigrant Child Victims of Human Trafficking

"Certification" and "eligibility" are terms used to describe the process that HHS and ORR apply to officially declare that a foreign national is a victim of a severe form of trafficking. A child does not have to be certified but he or she does need to obtain an eligibility letter from HHS to receive a wide range of benefits. Children who are deemed eligible will receive an eligibility letter.

Federal law enforcement will require access to the victim and information from the case before they can issue a statement that they believe the child is a victim of a severe form of trafficking. An intake worker cannot make this request on his or her own without law enforcement assistance.

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Once a law enforcement agency has issued a statement to ORR that a child is believed to be a victim of trafficking, ORR may issue a letter of eligibility. The victim or a DCF representative may then present the letter to social services providers as proof of eligibility for benefits and services.

Pre-certified and pre-eligible victims of human trafficking residing in the State of Connecticut who have filed or are in the process of filing an application for a T Visa or are in the process of seeking certification and eligibility as a victim of human trafficking from ORR may be eligible for existing state benefits and services to the same extent as a refugee for a temporary period while they wait for the federal processing or certification and eligibility to be completed. The benefits shall be equal to benefits offered to all children in foster care.

Eligibility benefits to children who receive an eligibility letter may include TANF, Social Security Income, Medicaid, health screening and food stamps, as well as entry refugee social services programs that may include adult education, legal services, employment assistance, child and family services and child care. Contact the DCF Eligibility Certification Coordinator, within the Office of Multicultural Affairs, for more details.

The Unaccompanied Refugee Minors Program (URMP) is a federally-funded foster care placement option for immigrant victims of human trafficking managed by Refugee Services. Children must receive an eligibility letter from ORR and be reclassified to unaccompanied refugee minor status by ORR prior to entering the URMP. A Social Worker seeking URMP as a placement option should immediately contact the DCF Eligibility Certification Coordinator, within the Office of Multicultural Affairs, for more details and ask for the child to be reclassified to unaccompanied refugee minor status. Social Workers will be required to share information about the case and child with Refugee Services. Not all children will be placed in the URMP. If the child is safe and has bonded with a family in mainstream foster care, DCF should not interrupt that placement unless necessary.

Note: The DCF Interstate Compact Unit shall be notified if a child is to be placed in the federal URMP.

7. Joint Law Enforcement/DCF Human Trafficking Victim Recovery Operations

Increased attention by local, state and federal law enforcement (LE) agencies on human trafficking of minors in Connecticut has resulted in a necessary partnership for collaborating on human trafficking recovery operations. Generally, whenever possible, notifications of pending large scale targeted operations are provided in advance.

When notified, designated human trafficking operations response team managers and Area Office staff will collaborate with all concerned parties prior to execution of law enforcement human trafficking victim recovery operations to plan for an appropriate response. This will be done in accordance with the **Careline** Human Trafficking Operations Response Protocol. When requested, DCF may share information with LE agencies in accordance with DCF policies, regulations and state statutes.

Notifications should include, but not be limited to, shelter operations for placements, designated hospital emergency departments, the DCF Office of Child and Youth Placement and the DCF Interstate Compact Division.

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Appendix 1 Human Trafficking Screening Tool

Name

Date of Birth

Insurance

DCF Social Worker

RRG Nurse

Link Number

Victims may not self-identify as "human trafficking victims" due to lack of knowledge about the crime itself and the power and control dynamics that are typically involved in human trafficking.

Assessment:

Vital Signs: Heart Rate

Respiratory Rate

Temperature

Signs of physical abuse

Malnourishment or generally poor health

☐Yes ☐No ☐NA

Bruises

☐Yes ☐No ☐NA

Bite marks

☐Yes ☐No ☐NA

Black eyes

☐Yes ☐No ☐NA

Burns

☐Yes ☐No ☐NA

Cuts/lacerations

☐Yes ☐No ☐NA

Broken bones

☐Yes ☐No ☐NA

Broken teeth

☐Yes ☐No ☐NA

Multiple scars

☐Yes ☐No ☐NA

Evidence of prolonged infection

☐Yes ☐No ☐NA

Lack of timely healthcare

☐Yes ☐No ☐NA

Bald spots in hair

☐Yes ☐No ☐NA

Clues to Identify Sex and Labor Trafficking Victims

Labor trafficking victims are often also sexually trafficked so both should be assessed.

The age has been verified as under 18 and individual is involved in the sex industry

☐Yes ☐No

Individual has a record of prior arrest(s) for human trafficking.

☐Yes ☐No

Discrepancies in behavior and reported age, e.g. he or she say report age 18 but act 15

☐Yes ☐No

Evidence of sexual trauma: vaginal or rectal injuries

☐Yes ☐No

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Multiple or frequent sexually transmitted infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple or frequent pregnancies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reports large number of sexual partners, especially when not age appropriate (e.g., 15 year old girl reporting dozens of sexual partners)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expresses interest in, or may already be in, relationships with adults.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of lingo or slang relating to the individual's involvement in human trafficking, e.g., referring to a boyfriend as "Daddy" or talking about the "the life"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of controlling relationships, e.g., repeated phone calls from a "boyfriend"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excessive concern about displeasing a partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is dressed in inappropriate clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Presence of unexplained or unusual scar tissue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does not know his or her address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained out-of-state telephone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained money, electronics, jewelry or clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tattoos on the neck or lower back that he or she is reluctant to explain, i.e., a name or initials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other types of branding, e.g., cutting or burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence that he or she has had to have sexual intercourse while menstruating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family dysfunction, e.g., abuse in home (emotional, sexual, physical), neglect, absence of a caregiver or substance abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appears to be in crisis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Downplays existing health problems or risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resists your help or demonstrates fear that the information he or she give you will lead to arrest, placement in child protective services, return to family or retribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual does not have legal documentation of identity, e.g., lack of license, state-issued ID, passport, green card	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suggested Trafficking Screening Questions

Before asking these questions, try to get the individual alone. Refine the questions to meet the cognitive and emotional level of the individual. As with domestic violence victims, if you think an individual is a victim of trafficking, you do not want to begin by asking directly; instead you want to start at the edges of his or her experience.

Did anyone take sexual photos of you and, if so,

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what did they use them for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long have you been doing this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you come and go as you please?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been physically harmed in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are your working or living conditions?		
Where do you sleep and eat?		
Have you ever been deprived of food, water, sleep or medical care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there locks on your doors and windows so you cannot get out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone threatened you or your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commonly Associated Health Symptoms

Substance abuse problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance abuse addiction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychological trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stress-related disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disorientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Panic attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling of helplessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling of shame	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling of humiliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling of shock	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling of denial	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you are suspicious that the individual you have assessed may be a victim of sex or labor trafficking please notify DCF Careline at 800-842-2288. You do not need to have proof that the individual is a victim before calling. Calls can be made anonymously.

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Appendix 2: Human Trafficking Monitoring Tool

Name: _____ **LINK #:** _____

Forensics

Legal status of child	Yes_____	No_____	NA_____	Date:_____
DCF legal consult obtained	Yes_____	No_____	NA_____	Date:_____
FBI notified	Yes_____	No_____	NA_____	Date:_____
State/local police notified	Yes_____	No_____	NA_____	Date:_____
MDT evaluation required by law enforcement	Yes_____	No_____	NA_____	Date:_____
SAN evaluation required by law enforcement	Yes_____	No_____	NA_____	Date:_____
DCF investigation completed	Yes_____	No_____	NA_____	Date:_____
Immigration status determined	Yes_____	No_____	NA_____	Date:_____
Trial status determined	Yes_____	No_____	NA_____	Date:_____

Behavioral Health

Emergency Department MSE assessment completed	Yes_____	No_____	NA_____	Date:_____
If no ED assessment, then who did the MSE	Yes_____	No_____	NA_____	Date:_____
Trauma assessment completed	Yes_____	No_____	NA_____	Date:_____
General mental health assessment completed	Yes_____	No_____	NA_____	Date:_____
Domestic violence screening completed	Yes_____	No_____	NA_____	Date:_____
Medication evaluation indicated	Yes_____	No_____	NA_____	Date:_____
Psychological testing indicated	Yes_____	No_____	NA_____	Date:_____
Mental health/trauma therapy indicated	Yes_____	No_____	NA_____	Date:_____
Therapy accepted	Yes_____	No_____	NA_____	Date:_____
Support services offered	Yes_____	No_____	NA_____	Date:_____
Treatment plan submitted by therapist	Yes_____	No_____	NA_____	Date:_____

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Medical/Dental

Physical assessment completed	Yes_____	No_____	NA_____	Date:_____
General medical	Yes_____	No_____	NA_____	Date:_____
Sexual	Yes_____	No_____	NA_____	Date:_____
Substance use	Yes_____	No_____	NA_____	Date:_____
Acute dental	Yes_____	No_____	NA_____	Date:_____
Medications	Yes_____	No_____	NA_____	Date:_____
 Emergency Department assessment done	 Yes_____	 No_____	 NA_____	 Date:_____
 Follow-up medical needs identified	 Yes_____	 No_____	 NA_____	 Date:_____
 Medical care needs addressed	 Yes_____	 No_____	 NA_____	 Date:_____
 Substance abuse screening completed	 Yes_____	 No_____	 NA_____	 Date:_____
 Substance use needs addressed	 Yes_____	 No_____	 NA_____	 Date:_____
 Follow-up dental needs identified	 Yes_____	 No_____	 NA_____	 Date:_____
 Dental care needs addressed	 Yes_____	 No_____	 NA_____	 Date:_____

DCF Issues

RRG consulted	Yes_____	No_____	NA_____	Date:_____
 Initial placement time-limited	 Yes_____	 No_____	 NA_____	 Date:_____
If yes, LOC determination made for ongoing needs and paperwork done	Yes_____	No_____	NA_____	Date:_____
 Education needs identified	 Yes_____	 No_____	 NA_____	 Date:_____
If yes, provided	Yes_____	No_____	NA_____	Date:_____
 Insurance coverage in place	 Yes_____	 No_____	 NA_____	 Date:_____
 Caregiver/provider training needed	 Yes_____	 No_____	 NA_____	 Date:_____
If yes, provided	Yes_____	No_____	NA_____	Date:_____
 DCF Care Plan includes HT needs	 Yes_____	 No_____	 NA_____	 Date:_____

Regional HART Liaison: _____

Date Opened: _____

DCF SWS: _____

Date Monitoring Closed: _____

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8. Appendix 3: Human Trafficking Decision Map

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graph TD
    A[Referrals] --> B[Careline/Risk Management]
    B --> C[Area Office Social Worker]
    C --> D[Is the child a confirmed victim, at high risk, or at risk for commercial sexual exploitation or domestic minor sex trafficking?]
        
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(HART) Human Anti-Trafficking Response Team Members	
Co-Chairs	Oversee all HART initiatives
Consulting Psychiatrist	Provides clinical consultation per request
Consulting Psychologist	Provides clinical consultation per request
Regional Liaisons	Coordinate communication between AO team and HART team

Is the child a confirmed victim, at high risk, or at risk for commercial sexual exploitation or domestic minor sex trafficking?

Confirmed Victim- If yes to one or more of the following

	Yes	No
Has the child reported being forced or coerced into sexual activity for the monetary benefit of another person?	<input type="checkbox"/>	<input type="checkbox"/>
Has law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexually-exploitive activity?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child reported "consensual" participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other item(s) of value?	<input type="checkbox"/>	<input type="checkbox"/>

High Risk - If yes to one or more of the following

	Yes	No
Have there been confirmed or reported uses of hotels for parties or sexual encounters?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been unauthorized travel across state lines?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have unaccounted for injuries or tattoos?	<input type="checkbox"/>	<input type="checkbox"/>
Is the answer "yes" to three or more of the below "at risk" factors?	<input type="checkbox"/>	<input type="checkbox"/>

At Risk - If yes to fewer than three of the following:

	Yes	No
Does the child have a history of multiple AWOLs?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been reports of multiple anonymous sex partners?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child been in possession of money, a cell phone or other items that cannot be explained or accounted for?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child used the internet to post sexually-explicit material?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a self-disclosed or reported history of multiple or anonymous sex partners?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child in a sexual or romantic relationship with an older partner?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child unable or unwilling to provide information about a girlfriend or boyfriend or sex partner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a history of multiple or chronic sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
Has gang affiliation been disclosed, reported or suspected?	<input type="checkbox"/>	<input type="checkbox"/>

If child is a Confirmed Victim	⇒	Follow DMST Policy and Practice Guidelines.
If child is at High Risk	⇒	Contact Regional HART Liaison for consultation.
If child is At Risk	⇒	Consult with AO team and RRG for individualized service and treatment.